



Fig. 1

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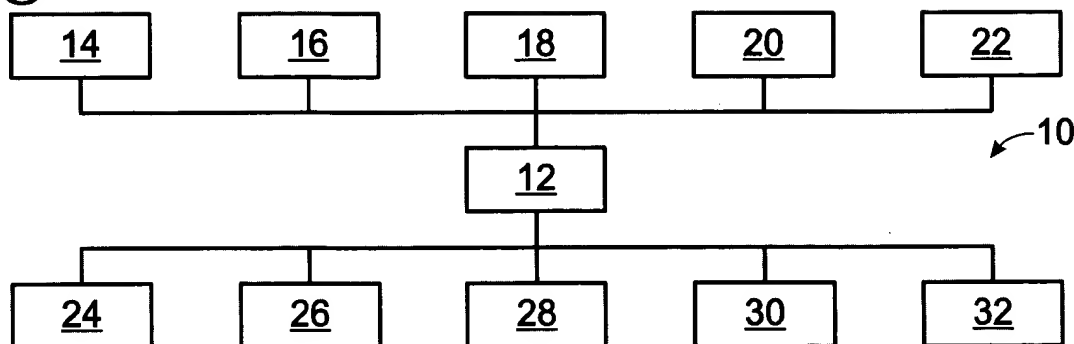


Fig. 2

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CLIENT/CONTACT NAME:  
 DATE OF INTERVIEW:  
 NUMBER OF ADULTS IN FAMILY:  
 NUMBER OF CHILDREN IN FAMILY:  
 DESIRED MEAL START TIME:  
 ADDRESS:  
 MAJOR CROSS STREET:  
 PHONE NUMBER:  
 ENTRY METHOD INTO HOUSE:  
 INSTRUCTIONS FOR PETS:  
 SPECIAL UTENSILS ON HAND:  
 SPECIAL SPICES ON HAND:  
 DOUBLE RANGE/GAS OR ELECTRIC:  
 DISHWASHER:  
 EXTRA FREEZER, REFRIGERATOR:  
 FOOD ALLERGIES:

FOOD DISLIKES:

VEGETARIAN OR VEGAN:  
 FOOD TASTES (MILD OR SPICY):  
 DESSERTS WITH MEALS:  
 LARGE OR SMALL PORTIONS:  
 LOW-FAT OR STANDARD PREPARATION:

PREFERRED PAYMENT METHOD:  
 CREDIT CARD NUMBER:  
 EXPIRATION DATE:  
 AUTHORIZING SIGNATURE:

Fig. 3

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CHEF/CONTACT NAME:  
 TYPE OF CUISINE:  
 DATE OF INTERVIEW:  
 CRIMINAL BACKGROUND CHECK COMPLETED:  
 DATE OF BIRTH:  
 COUNTRY OF BIRTH:  
 TRAINED BY:  
 ENGLISH SPEAKER:  
 ADDRESS:  
 PHONE NUMBER:  
 WILLING TO TRAVEL DISTANCE OF:  
 HAS CAR:  
 SPECIAL UTENSILS ON HAND:  
 SPECIAL SPICES ON HAND:  
 NUMBER OF RECIPES IN PORTFOLIO:  
 PICTURES OF PREPARED DISHES:  
 PROVIDES SAMPLES:

PAYROLL INFORMATION:  
 ADDRESS FOR MAILING OF CHECKS:

Fig. 4

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